



DO'S AND DON'TS FOR ASSISTING MEMBERS WITH THEIR HEALTH PLAN SELECTION

Beginning January 1, 2017, Medicaid Managed Care will become Heritage Health

Heritage Health covers physical, pharmacy, and behavioral health services for Medicaid members, including individuals in nursing and assisted living facilities. As your residents receive enrollment materials for Heritage Health, you might be asked to assist them in selecting the best plan to fit their needs. Nebraska Medicaid is providing this document to help you in assisting your residents.

DO assist members with reviewing the Heritage Health information and contacting Automated Health Systems (AHS) with specific client enrollment questions:

www.neheritagehealth.com
1-888-255-2605

DO assist members with searching for their Primary Care Providers through the directory provided by AHS, this can be viewed online or requested over the phone:

www.neheritagehealth.com
1-888-255-2605

DO provide free, accurate, and objective counseling and assistance.

DO encourage the members to make their selection so they can have a voice in their care.

DO remind members that they will need to select a Heritage Health plan even if they have Medicare as their primary payer.

DO explain that Heritage Health includes physical health, behavioral health, and pharmacy services.

DON'T select a Heritage Health plan on behalf of the member without the input of the member or an individual authorized to represent them (for example: a family member, guardian, or someone granted a power-of-attorney).

DON'T accept money or anything of value from individuals in exchange for counseling and assistance.

DON'T tell members which plan they should select.

DON'T tell members that they can disenroll or opt out of managed care because that will not be an option for them with Heritage Health.

DON'T advise members that having Medicare as their primary payer excludes them from enrolling in Heritage Health.

DON'T communicate preference of one health plan over another to members.

DON'T forget that members can select a different health plan within the first 90 days of their coverage.

